



Supplementary Information Form

Name of child: Surname Christian or forenames

Date of birth Name of parent(s)/guardian(s)

Address Post code

Daytime contact telephone number.....

The name of any older brother or sister who will still be attending the school at the date of admission of the younger child.....

Has your child been baptised Y / N Date of baptism

Place of baptism.....

Place of worship the child/family attends :

Address

Name of vicar / priest / minister / Authorised Church Officer

Address

Post code Telephone

Worship attendance: Please tick the box for the category that best describes your child's Church attendance.

- 1) Minimum 26 attendances per year for at least the last two years
- 2) Minimum 12 attendances per year for at least the last two years
- 3) Minimum 6 attendances per year for at least the last two years

If you wish exceptional medical or social needs to be taken into account please supply written, professional evidence to support your application.

SIGNED.....Parent/Guardian

Confirmation by Vicar, Minister or authorised Church Officer:

I confirm that the Baptismal and Church attendance information given above is correct.

SIGNED.....

POSITION IN CHURCH..... DATE.....